ISDH 2004 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Putnam County Hospital

City: Greencastle   County: Putnam   Year: **2004**

Provider Type: General Acute Hospital

I. Inpatient Care			
Hospital Service Description	**Number of Set Up Beds**	**Number of Discharges**	**Number of Patient Days**	**Average Charge Per Discharge**
Burn Care	0	0	0	$0
Cardiac Intensive	0	0	0	$0
ICU Med/Surg	10	219	414	$7,895
ICU Neonatal	0	0	0	$0
ICU Pediatric	0	0	0	$0
Medical/Surgical	67	1,120	4,562	$9,423
Neonatal Intermed	0	0	0	$0
Obstetrics	8	234	490	$4,904
Pediatric	0	39	65	$3,609

Psychiatric	0	0	0	$0
Rehabilitation	0	0	0	$0
Substance Abuse	0	0	0	$0
Swing Beds	NA	373	1,098	$2,362
Other Services	0	0	0	NA
Acute Subtotal	85	1,985	6,629	NA
Normal Newborn	12	238	411	$1,404

II. Outpatient Visits			
Circulatory System	3,313	Digestive System	1,545
Endocrine System	3,125	Injuries and Poison	4,229
Mental Disorder	409	Musculoskeletal	4,455
Neoplasms	2,587	Nervous	1,038
Respiratory	1,772	Urinary	2,165
Other/Unknown	17,316	Total Visits	41,954
Number of Visits to Emergency Department			11,118
Percent of Emergency Department Visits of Total Visits			26.5%

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 66 services. This list of 52 services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment. The other 14 services have been identified in other sections of this report.

N - Ambulance Service (Owned)	N - Alcohol/Drug Service	Y - Anesthesia Services
N - Audiology	Y - Blood Bank	N - Cardiac Cath Lab
N - Cardiac-Thoracic Surgery	N - Chemotherapy Service	N - Chiropractice Service
N - CT Scanner	Y - Dental Service	Y - Dietetic Service
N - Extracorporeal Lithotripter	N - Gerontological Service	N - Home Health Service
Y - Hospice	Y - Laboratory Anatomical	Y - Laboratory Clinical
Y - Magnetic Resonance (MRI)	Y - Neonatal Nursery	N - Neurosurgical Service
Y - Nuclear Medicine	Y - Occupational Therapy	Y - Operating Room
N - Opthalmic Surgery	N - Optometric Service	N - Organ Bank
N - Organ Transplant	N - Orthopedic Surgery	Y - Pharmacy
Y - Physical Therapy	N - PET Imaging	Y - Postoperative Recovery
N - Psychiatric Emergency	N - Psychiatric Child	N - Psychiatric Forensic
N - Psychiatric Geriatric	Y - Radiology Diagnostic	N - Radiology Therapeutic
N - Reconstructive Surgery	Y - Respiratory Care	N - Rehab Inpat CARF
Y- Rehab Inpat Non CARF Acc	N- Rehab Outpatient	N- Renal Dialysis

Y - Social Services	N - Speech Pathology	Y - Surgical Inpatient
Y - Surgical Outpatient	N - Trauma Center Certified	N - Transplant Cnt Medicare
N - Urgent Care Center		

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

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